

Jonah Green and Associates
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Kensington, MD, 20895
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Client Information

Thank you for choosing us as your mental health care provider. Please take a moment to fill out the following information.

Name (of primary client): _____

Phone Number: _____ (w) _____ (h) _____ (other)

Address: _____ E-mail _____

Date of Birth: _____ Social Security Number: _____

Insurance Type: _____ Insurance Number _____

Name of parent(s) or guardian(s), if client is a minor: _____ / _____

How did you find out about my services? _____

Would you like us to contact the referral source (if applicable) to indicate that you have initiated treatment? Yes No Initials: _____

If you are here to address a family concern, please list the names and ages of other family members who may attend therapy, and their relationship to the person listed above:

Please briefly describe the concern you wish to address:

How would you like things to improve as a result of treatment?
